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APPENDIX D

NURSING FACILITY/AIDS WAIVER CRITERIA UNDER MEDICAID

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NURSING FACILITY CRITERIA

INTRODUCTION

The preadmission screening process pre-authorizes a continuum of long-term care services available to an individual under the Virginia Medical Assistance Program. Medicaid-funded long-term care services may be provided in either a nursing facility or community-based care setting.

The criteria for assessing an individual's eligibility for Medicaid payment of nursing facility care consists of two components:

1. Functional capacity (the degree of assistance an individual requires to complete activities of daily living); and
2. Medical or nursing needs.

To qualify for Medicaid payment for nursing facility care, an individual must meet both functional capacity requirements and have a medical condition which requires ongoing medical or nursing management. An exception may be made when the individual does not meet the functional capacity requirement but the individual does have a health condition that requires the daily direct services of a licensed nurse that cannot be managed on an outpatient basis.

The criteria for assessing an individual's eligibility for Medicaid payment of community-based care consist of three components:

1. Functional capacity (the degree of assistance an individual requires to complete activities of daily living);
2. Medical or nursing needs; and
3. The individual's risk of nursing facility placement in the absence of community-based waiver services.

To qualify for Medicaid payment for community-based care, an individual must either meet both the functional and medical components of the nursing facility criteria or meet the pre-nursing facility criteria defined later in the section titled "Evaluation To Determine Eligibility For Medicaid Payment of Nursing Facility or Home and Community-Based Care Services." In addition, the individual must be determined to be at risk of nursing facility placement unless services under the waiver are offered.

Preadmission screenings are performed by teams composed by agencies contracting with the Department of Medical Assistance Services (DMAS). The authorization for Medicaid-funded long-term care may be rescinded by the nursing facility or community-based care provider or by DMAS at any point that the individual is determined to no longer meet the criteria for Medicaid-funded long-term care. Medicaid-funded long-term care services are covered by the Program for individuals whose needs meet the

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criteria established by Program regulations. Authorization of appropriate noninstitutional services shall be evaluated before actual nursing facility placement is considered. Prior to an individual's admission, the nursing facility must review the completed preadmission screening forms to ensure that appropriate nursing facility admission criteria have been documented. The nursing facility is also responsible for documenting, upon admission and on an ongoing basis, that the individual meets and continues to meet nursing facility criteria. For this purpose, the nursing facility will use the Minimum Data Set (MDS). The post-admission assessment must be conducted no later than 14 days after the date of admission and promptly after a significant change in the resident's physical or mental condition. If at any time during the course of the resident's stay, it is determined that the resident does not meet nursing facility criteria as defined in the State Plan for Medical Assistance, the nursing facility must initiate the discharge of such resident. Nursing facilities must conduct a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity and medical and nursing needs.

The Department of Medical Assistance Services shall conduct surveys of the assessments completed by nursing facilities to determine that services provided to the residents meet nursing facility criteria and that needed services are provided.

The community-based provider is responsible for documenting upon admission and on an ongoing basis that the individual meets the criteria for Medicaid-funded long-term care.

The criteria for nursing facility level of care under the Virginia Medical Assistance Program are contained herein. An individual's need for care must meet these criteria before any authorization for payment by Medicaid will be made for either institutional or noninstitutional long-term care services. The Nursing Home Preadmission Screening Committee is responsible for documenting on the State-designated assessment instrument that the individual meets the criteria for nursing facility or community-based waiver services and for authorizing admission to Medicaid-funded long-term care.

PREADMISSION SCREENING CRITERIA FOR NURSING FACILITY CARE

Functional dependency alone is not sufficient to demonstrate the need for nursing facility care or placement.

Except as provided for individuals who require the daily direct services of a licensed nurse cannot be managed on an outpatient basis, an individual may only be considered to meet the nursing facility criteria when both the functional capacity of the individual and his or her medical or nursing needs meet the following requirements. Even when an individual meets nursing facility criteria, placement in a noninstitutional setting shall be evaluated before actual nursing facility placement is considered.

Functional Capacity

Functional capacity must be documented on the DMAS-95 assessment instrument, completed in a manner consistent with the definitions of activities of daily living and directions provided by DMAS for the rating of those activities. Individuals may be considered to meet the functional capacity requirements for nursing facility care when one

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of the following describes their functional capacity:

1. Rated dependent in two to four of the Activities of Daily Living, and also rated semi-dependent or dependent in Behavior Pattern and Orientation, and semi-dependent in Joint Motion or semi-dependent in Medication Administration.
2. Rated dependent in five to seven of the Activities of Daily Living, and also rated dependent in Mobility.
3. Rated semi-dependent in two to seven of the Activities of Daily Living, and also rated dependent in Mobility and Behavior Pattern and Orientation.

The rating of functional dependencies on the preadmission screening assessment instrument must be based on the individual's ability to function in a community environment, not including any institutionally induced dependence. The following abbreviations shall mean: I = independent; d = semi-dependent; D = dependent; MH = mechanical help; HH = human help.

(1) Bathing

- (a) Without help (I)
- (b) MH only (d)
- (c) HH only (D)
- (d) MH and HH (D)
- (e) Is bathed (D)

(2) Dressing

- (a) Without help (I)
- (b) MH only (d)
- (c) HH only (D)
- (d) MH and HH (D)
- (e) Is dressed (D)
- (f) Is not dressed (D)

(3) Toileting

- (a) Without help day or night (I)
- (b) MH only (d)
- (c) HH only (D)
- (d) MH and HH (D)
- (e) Does not use toilet room (D)

(4) Transferring

- (a) Without help (I)
- (b) MH only (d)
- (c) HH only (D)
- (d) MH and HH (D)
- (e) Is transferred (D)
- (f) Is not transferred (D)

(5) Bowel Function

- (a) Continent (I)
- (b) Incontinent less than weekly (d)
- (c) Ostomy self-care (d)
- (d) Incontinent weekly or more (D)
- (e) Ostomy not self-care (D)

(6) Bladder Function

- (a) Continent (I)
- (b) Incontinent less than weekly (d)
- (c) External device self-care (d)
- (d) Indwelling catheter self-care (d)
- (e) Ostomy self-care (d)
- (f) Incontinent weekly or more (D)
- (g) External device, not self-care (D)
- (h) Indwelling catheter, not self-care (D)
- (i) Ostomy not self-care (D)

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(7) Eating/Feeding

- (a) Without help (I)
- (b) MH only (d)
- (c) HH only (D)
- (d) MH and HH (D)
- (e) Spoon fed (D)
- (f) Syringe or tube fed (D)
- (g) Fed by IV or clysis (D)

(8) Behavior Pattern and Orientation

- (a) Appropriate or Wandering/Passive less than weekly + Oriented (I)
- (b) Appropriate or Wandering/Passive < weekly + Disoriented Some Spheres (I)
- (c) Wandering/Passive Weekly/or more + Oriented (I)
- (d) Appropriate or Wandering/Passive < weekly + Disoriented All Spheres (d)
- (e) Wandering/Passive Weekly or more + Disoriented Some or All Spheres (d)
- (f) Abusive/Aggressive/Disruptive < weekly + Oriented or Disoriented (d)
- (g) Abusive/Aggressive/Disruptive weekly or more + Oriented (d)
- (h) Abusive/Aggressive/Disruptive weekly or more + Disoriented (D)

(9) Mobility

- (a) Goes outside without help (I)
- (b) Goes outside MH only (d)
- (c) Goes outside HH only (D)
- (d) Goes outside MH and HH (D)
- (e) Confined moves about (D)
- (f) Confined does not move about (D)

(10) Medication Administration

- (a) No medications (I)
- (b) Self-administered, monitored < weekly (I)
- (c) By lay persons, monitored < weekly (I)
- (d) By Licensed/Professional nurse and/or monitored weekly or more (d)
- (e) Some or all by Professional nurse (D)

(11) Joint Motion

- (a) Within normal limits (I)
- (b) Limited motion (d)
- (c) Instability corrected (I)
- (d) Instability uncorrected (D)
- (e) Immobility (D)

Medical and Nursing Needs

An individual with medical or nursing needs is an individual whose health needs require medical or nursing supervision or care above the level which could be provided through assistance with Activities of Daily Living, Medication Administration and general supervision and is not primarily for the care and treatment of mental diseases. Medical or nursing supervision or care beyond this level is required when any one of the following describes the individual's need for medical or nursing supervision:

1. The individual's medical condition requires observation and assessment to assure evaluation of the person's need for modification of treatment or additional medical procedures to prevent destabilization and the person has demonstrated an inability to self-observe and/or evaluate the need to contact skilled medical professionals; or

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2. Due to the complexity created by the person's multiple, interrelated medical conditions, the potential for the individual's medical instability is high or medical instability exists; or
3. The individual requires at least one ongoing medical/nursing service. The following is a non-exclusive list of medical/nursing services which may, but need not necessarily, indicate a need for medical or nursing supervision or care:
 - (a) Application of aseptic dressings;
 - (b) Routine catheter care;
 - (c) Respiratory therapy;
 - (d) Supervision for adequate nutrition and hydration for individuals who show clinical evidence of malnourishment or dehydration or have a recent history of weight loss or inadequate hydration which, if not supervised would be expected to result in malnourishment or dehydration;
 - (e) Therapeutic exercise and positioning;
 - (f) Routine care of colostomy or ileostomy or management of neurogenic bowel and bladder;
 - (g) Use of physical (e.g., side rails, poseys, locked wards) and/or chemical restraints;
 - (h) Routine skin care to prevent pressure ulcers for individuals who are immobile;
 - (i) Care of small uncomplicated pressure ulcers, and local skin rashes;
 - (j) Management of those with sensory, metabolic, or circulatory impairment with demonstrated clinical evidence of medical instability;
 - (k) Chemotherapy;
 - (l) Radiation;
 - (m) Dialysis;
 - (n) Suctioning;
 - (o) Tracheostomy care;
 - (p) Infusion Therapy; and
 - (q) Oxygen.

Even when an individual meets nursing facility criteria, provision of services in a noninstitutional setting shall be considered before nursing facility placement is sought.

Summary of Preadmission Screening Criteria for Nursing Facility Care

An individual shall be determined to meet the nursing facility criteria when:

1. The individual has both limited functional capacity and requires medical or nursing management according to the requirements of the Preadmission Screening Criteria for Nursing Facility Care; or
2. The individual is rated dependent in some functional limitations, but does not meet the functional capacity requirements, and the individual requires the daily direct services or supervision of a licensed nurse and cannot be managed on an outpatient basis (e.g., clinic, physician visits, home health services).

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An individual shall not be determined to meet nursing facility criteria when one of the following specific care needs solely describes his or her condition:

1. An individual who requires minimal assistance with activities of daily living, including those persons whose only need in all areas of functional capacity is for prompting to complete the activity;
2. An individual who independently uses mechanical devices such as a wheelchair, walker, crutch, or cane;
3. An individual who requires limited diets such as a mechanically altered, low-salt, low-residue, diabetic, reducing, and other restrictive diets;
4. An individual who requires medications that can be independently self-administered or administered by the caregiver;
5. An individual who requires protection to prevent him or her from obtaining alcohol or drugs or to address a social/environmental problem;
6. An individual who requires minimal staff observation or assistance for confusion, memory impairment, or poor judgment; or
7. An individual whose primary need is for behavioral management which can be provided in a community-based setting;

EVALUATION TO DETERMINE ELIGIBILITY FOR MEDICAID PAYMENT OF NURSING FACILITY OR HOME AND COMMUNITY-BASED CARE SERVICES

Once the Nursing Home Preadmission Screening Committee has determined whether or not an individual meets the nursing facility criteria, the Screening Committee must determine the most appropriate and cost-effective means of meeting the needs of the individual. The Screening Committee must document a complete assessment of all the resources available for that individual in the community (i.e., the immediate family, other relatives, other community resources and other services in the continuum of long-term care which are less intensive than nursing facility level of care services). The Screening Committee shall be responsible for pre-authorizing Medicaid-funded long-term care according to the needs of each individual and the support required to meet those needs.

Authorization of Nursing Facility Services

The Screening Committee shall not authorize Medicaid-funded nursing facility services for any individual who does not meet nursing facility criteria. The Screening Committee shall authorize Medicaid-funded nursing facility care for an individual who meets the nursing facility criteria only when services in the community are either not a feasible alternative or the individual or the individual's representative rejects the Screening Committee's plan for community services. The Screening Committee must document that the option of community-based alternatives has been explained, the reason community-based services were not chosen, and have this document signed by the client

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Authorization of Community-Based Care Services

The Screening Committee shall authorize community-based waiver services only for an individual who:

1. Meets the nursing facility criteria and is at risk of nursing facility placement (as defined below) without waiver services. Waiver services are offered to such an individual as an alternative to avoid nursing facility admission; or
2. Meets the following Pre-Nursing Facility Criteria and is at risk of nursing facility placement without waiver services. Waiver services are offered to such an individual as a preventive service to delay or avoid nursing facility admission which would be required in the near future if community-based care is not offered. The Pre-Nursing Facility criteria are:
 - a. The individual is rated dependent in four of the activities of daily living and also rated dependent in mobility and has a need for medical or nursing supervision, or
 - b. The individual meets the functional dependency component of the nursing facility criteria but lacks a medical or nursing need.

Federal regulations which govern Medicaid-funded home and community-based services require that services only be offered to individuals who would otherwise require institutional placement in the absence of home and community-based services. The determination that an individual would otherwise require placement in a nursing facility is based upon a finding that the individual's current condition and available support are insufficient to enable the individual to remain in the home, and thus the individual is at risk of institutionalization if community-based care is not authorized. The determination of the individual's risk of nursing facility placement shall be documented either on the State-designated preadmission screening assessment or in a separate attachment for every individual authorized to receive community-based waiver services.

To authorize Community-Based Waiver services, the Screening Committee must document that, in addition to the individual's condition meeting the nursing facility or pre-nursing facility criteria as described above, the individual is at risk of nursing facility placement by finding that one of the following conditions is met:

1. Application for the individual to a nursing facility has been made and accepted;
2. The individual has been cared for in the home prior to the assessment, and evidence is available demonstrating a deterioration in the individual's health care condition or a change in available support preventing former care arrangements from meeting the individual's need. Examples of such evidence may be, but shall not necessarily be limited to:
 - a. Recent hospitalizations;

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- b. Attending physician documentation; or
 - c. Reported findings from medical or social services agencies.
- 3. There has been no change in condition or available support but evidence is available that demonstrates the individual's functional, medical and nursing needs are not being met. Examples of such evidence may be, but shall not necessarily be limited to:
 - a. Recent hospitalizations;
 - b. Attending physician documentation; or
 - c. Reported findings from medical or social services agencies.

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BATHING

Bathing is the process of washing the body or body parts, including getting to or obtaining the bathing water and/or equipment whether this is in the bed, shower, or tub.

Bathes without Help means the individual usually completes the entire bathing process unaided, or receives help to bathe one body part only.

Bathes with Mechanical Help Only means the individual usually uses equipment or a device to complete the bathing process. Equipment or device includes shower/tub chair, grabrails, pedal/knee controlled faucet, long-handled brush, and mechanical lift.

Bathes with Human Help Only means the individual usually receives assistance from another person(s) who may bring water/equipment, bathe some body parts, fill the tub with water, towel dry, observe, supervise, or teach the individual to bathe self.

Bathes with Mechanical and Human Help means the individual usually uses equipment or a device and receives the assistance of another person.

Is Bathed means the individual is completely bathed by another person(s) and does not participate in the activity.

Does Not Bathe means the individual does not perform the bathing process, and it is not performed by another person.

The type of mechanical help and/or the number of human assistants used are specified in the corresponding diagonal spaces for each assessment.

DRESSING

Dressing is the process of putting on, fastening, and taking off all items of clothing, braces and artificial limbs that are worn daily by the individual including obtaining and replacing the items from their storage area in the immediate environment. Clothing refers to the clothing usually worn daily by the individual. Individuals who wear pajamas or a gown with robe and slippers as their usual attire are considered dressed.

Dresses without Help means the individual usually completes the dressing process unaided, or receives help in tying shoes only.

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Dresses with Mechanical Help Only means the individual usually uses equipment or a device to complete the dressing process. Equipment or device may include long-handled shoehorn, zipper pulls, velcro fasteners, adapted clothing, and walker with attached basket or other device to obtain clothing.

Dresses with Human Help Only means the individual usually receives assistance from another person(s) who helps the individual in obtaining clothing; fastening hooks; putting on clothes, braces, artificial limbs; observes, supervises, or teaches the individual to dress self.

Dresses with Mechanical and Human Help means the individual usually uses equipment or a device and receives the assistance of another person(s) to dress.

Is Dressed means the individual is completely dressed by another person.

Is Not Dressed refers only to bedfast individuals who are considered not dressed.

The type of mechanical help and/or number of human assistants used are specified in the diagonal spaces corresponding to the time of each assessment.

TOILETING

Toileting is the process of getting to and from the toilet room for elimination of feces and urine, transferring on and off the toilet, cleaning self after elimination, and adjusting clothes. A commode in any location may be considered the "toilet room" only if in addition to meeting the criteria for "toileting," the individual empties, cleanses, and replaces the receptacle without assistance from another person(s).

Uses Toilet Room without Help Day and Night means the individual usually uses only the toilet room for elimination.

Uses Toilet Room with Mechanical Help Only means the individual usually uses equipment or a device to get into or out of the toilet room, or other device to complete the toileting process. Equipment or device may include raised toilet or seat, handrails, wheelchair, walker, cane or transfer board. The individual who toilets without help during the day but uses a bedpan, urinal, or commode without human help to toilet during the night is considered to be toileting without help.

Uses Toilet Room with Human Help Only means the individual usually receives assistance from another person(s) to complete the toileting process. Help from another person(s) means another person(s) helps the individual in getting to and from the toilet room, adjusting clothes, transferring on and off the toilet, or cleaning after elimination.

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Uses Toilet Room with Mechanical and Human Help means the individual usually uses equipment or a device and receives the assistance of another person(s).

Does Not Use Toilet Room means the individual usually uses a bedpan, urinal, or commode for elimination or is incontinent and does not use the toilet room.

The type of mechanical help and/or number of human assistants used are specified in the diagonal spaces corresponding to the time of each assessment.

TRANSFERRING

Transferring is the process of moving horizontally and/or vertically between the bed, chair, wheelchair, and/or stretcher.

Transfers without Help means the individual usually completes the transferring process unaided.

Transfers with Mechanical Help Only means the individual usually uses equipment or a device to transfer. Equipment or device includes: sliding board, overhead pulley, trapeze, special bed, railing on bed, tub, toilet, walker, or the arm of a chair, etc.

Transfers with Human Help Only means the individual usually receives the assistance of another person(s) lifting some of the individual's body weight, guarding, guiding, protecting, or supervising in the process of transferring.

Transfers with Mechanical and Human Help means the individual usually uses mechanical equipment or a device and receives assistance from another person(s). The individual who bears weight on at least one arm or is considered to be participating in transferring.

Is Transferred means the individual usually is lifted out of bed, chair, etc., by another person(s) and does not participate in the process. If the individual does not bear weight on any body part in the transferring process she or he is not participating in transferring. This category may also include the use of equipment or devices such as a mechanical lift, Hoyer lift, etc.

Is Not Transferred means the individual is confined to bed.

The type of mechanical help and/or number of human assistants used are specified in the diagonal space corresponding to the time of each assessment.

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BOWEL FUNCTION

Bowel Function is the physiological process of elimination of feces from the bowel.

Continent means the individual voluntarily controls the evacuation of feces from his or her bowels.

Incontinent means the individual has involuntary evacuation of feces from his or her bowels.

Ostomy is a surgical procedure that establishes an artificial anus by an opening into the colon (colostomy) or ileum (ileostomy).

Self-Care means that the individual completely cares for his or her ostomy.

Not Self-Care means that another person(s) cares for the individual's ostomy: stoma and skin cleaning, dressing, application of appliance, irrigations, etc.

The type of ostomy or other bowel problem; e.g., constipation, is specified in the diagonal space corresponding to the time of each assessment.

BLADDER FUNCTION

Bladder Function is the physiological process of elimination of urine from the bladder.

Continent means the individual voluntarily empties his or her bladder.

Incontinent means the individual has involuntary emptying or loss of urine.

External Device is a urosheath or condom drainage apparatus with a receptacle attached to collect urine.

Indwelling Catheter is a hollow cylinder passed through the urethra into the bladder and retained there to keep the bladder drained of urine.

Ostomy is a surgical procedure that establishes an external opening into the ureter(s).

Self-Care means the individual completely cares for the skin surrounding the ostomy and for urinary devices; e.g., changes the catheter or external device, irrigates as needed, and empties and replaces the receptacle.

Not Self-Care means another person(s) cares for the individual's ostomy or urinary devices.

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The type of ostomy or other urinary problem; e.g., retention, is specified in the diagonal space corresponding to the time of each assessment.

EATING/FEEDING

Eating/Feeding is the process of getting food by any means from the receptacle (plate, cup, glass, bottle, etc.) into the body. This item describes the process of eating after food is placed in front of an individual.

Feeds Self without Help means the individual usually eats unaided.

Feeds Self with Mechanical Help Only means the individual usually uses equipment or a device to eat. Equipment or device includes adapted utensils, plate guard, hand splint, suction dishes or nonskid plates, etc.

Feeds Self with Human Help Only means the individual usually receives the assistance of another person(s) to bring food to the mouth, cut meat, butter bread, open cartons, or pour liquids. Mechanically adjusted diets such as ground, pureed, soft, etc., are not considered help.

Feeds Self with Mechanical and Human Help means the individual usually uses equipment or a device and receives the help of another person(s).

Is Spoon Fed means the individual usually does not bring any food to his or her mouth and is fed completely by another person(s).

Fed via Syringe or Tube means the individual usually is fed a prescribed liquid diet via a naso-oral gavage or gastrogavage tube.

Fed by I.V. or Clysis means the individual usually is fed a prescribed sterile solution intravenously or by clysis.

The type of mechanical and/or human help used, or additional information about syringe, tube, I.V., or clysis feedings is specified in the diagonal spaces corresponding to the time of each assessment.

BEHAVIOR PATTERN

Behavior Pattern is the manner of conducting oneself within one's environment.

Appropriate means the individual's behavior pattern is suitable or fitting to the environment. Appropriate behavior is of the type that adjusts to accommodate expectations in different environments and social circumstances. Behavior pattern does not refer to personality characteristics such as "selfish," "impatient," or "demanding," but is based on direct observations of the individual's actions.

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Inappropriate Wandering, Passive, or Other means the individual's usual behavior is manifested in a way that does not present major management problems. Wandering is characterized by physically moving about aimlessly or mentally being non-focused. Passive behavior is characterized by a lack of awareness or interest in personal matters and/or in activities taking place in close proximity. Other characterizations of behavior such as impaired judgment, regressive behavior, agitation or hallucinations that is not disruptive are included in this category and specified in the diagonal space.

Inappropriate Abusive, Aggressive, or Disruptive means the individual's behavior is manifested by acts detrimental to the life, comfort, safety, and/or property of the individual and/or others. Agitations, hallucinations, or assaultive behavior that is detrimental are included in this category and specified in the diagonal space.

Comatose refers to the semi-conscious state.

The type of inappropriate behavior is specified in the diagonal space corresponding to the time of each assessment.

I refers to independence of the individual in behavior management.

ORIENTATION

Orientation is the awareness of an individual within his or her environment in relation to time, place and person.

Oriented means the individual is aware of who he or she is, where he or she is and what time, day, month or year it is.

Disoriented-Some Spheres, Sometime means the individual is disoriented in one or two spheres, time only or time and place, some of the time. Some of the time refers to alternating periods of awareness-unawareness.

Disoriented-All Spheres, All Time means the individual is disoriented in one or two spheres, time only or time and place, and this is the individual's usual state.

Disoriented-All Spheres, Sometime means the individual is disoriented to time, place and person (all three spheres) some of the time.

Disoriented-All Spheres, All Time means the individual is always unaware of time, place and his or her identity.

Comatose refers to the semi-conscious or unconscious state.

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The spheres to which the individual is disoriented are specified in the diagonal space corresponding to the time of each assessment.

I refers to independent; the individual is oriented.

JOINT MOTION

Joint Motion is the movement of bones at their junction. The type of motion is dependent on the anatomical design of a particular joint.

Within Normal Limits means the joints can be moved to functional motion without restriction.

Limited Motion means partial restriction in the movement of a joint including any inflammatory process in the joint causing pain, redness, and/or swelling that limits the motion of the joint.

Instability Corrected refers to a joint(s) which does not maintain functional motion and/or position when stress or pressure is applied, and the disorder has not been surgically corrected or an appliance is not used.

Instability Uncorrected refers to a joint(s) which does not maintain functional motion and/or position when stress or pressure is applied, and the disorder has not been surgically corrected or an appliance is not used.

Immobility means total restriction in the movement of a joint; e.g., contracture.

"d" refers to the projected need for range of motion exercises to increase the motion of limited joints to full functional motion by a professional nurse or an occupational therapist.

MEDICATION ADMINISTRATION

Medication Administration refers to the person(s) who administer medications or if the individual is being referred elsewhere, the person(s) who will administer medications following referral.

No Medications means the individual does not receive oral or injectable medications.

Self-Administered, Monitored Less Often Than Weekly means the individual takes (or will take) medications without assistance and the effects of drug taking are (to be) observed by licensed or professional health personnel less often than weekly.

Administered by a Lay Person, Monitored Less Often Than Weekly means a person without pharmacology training gives (or will give) the individual all of the prescribed medications or gives some of them and the remaining

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medications are (to be) self-administered. Monitoring the effects of drug taking are (to be) observed by licensed or professional health personnel less often than weekly.

Administered by Licensed or Professional Health Personnel and/or Monitored Weekly or More Often means licensed or professional health personnel administer (or will administer) some or all of the individual's medications. Other medications may be self-administered or given by a person(s) without pharmacology training. The effects of drug taking are (to be) monitored weekly or more often by licensed or professional health personnel.

Administered by a Professional means a health professional with additional special training administers (or will administer) and/or monitors specific medications; e.g., I.V.s, potent experimental drugs, etc. Other medications are (will be) administered by licensed or professional health personnel, lay person(s) or self-administered.

MOBILITY LEVEL

Mobility Level is the extent of the individual's movement within his or her environment. If the individual is in the process of being referred elsewhere, the way mobility level is expected to be performed following referral is assessed.

Goes Outside Without Help of Any Kind means the individual goes outside of the home or institution on a regular basis; e.g., goes to daughter's home weekly; goes to the corner store twice a week, etc. Transfers by ambulance or taxi to doctor's offices, clinics, and hospitals only are not considered going outside in the context of this item.

Goes Outside with Mechanical Help Only means the individual usually uses equipment or a device to go outside. Equipment or device includes braces, splints, special shoes, canes, crutches, walkers, wheelchairs, chair lifts, handrails, and special ramps.

Goes Outside with Human Help Only means the individual usually receives the assistance or supervision of another person(s) to go outside.

Goes Outside with Mechanical Human Help means the individual uses equipment or a device and receives the assistance of another person(s).

Confined-Moves About means the individual does not customarily go out but goes outside of his or her room.

Confined-Does not Move About means the individual usually stays in his or her room.

The type of mechanical help and/or the number of human assistants used are specified in the diagonal space corresponding to the time of each assessment.

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AIDS WAIVER CRITERIA

To qualify for community-based care through the AIDS Waiver, the Screening Committee must determine that the services offered under this waiver will prevent more costly hospital care for the individual. The Medicaid HIV Waiver Services Pre-Screening Assessment Instrument (DMAS-113A in Appendix C) is used to make this determination. To qualify for AIDS Waiver services, the individual must meet all of the following:

- Have a diagnosis of AIDS or be HIV+ and symptomatic; and,
- Score between 0 - 70 on the Karnofsky Performance Status Scale; and,
- Have a symptomatic medical condition which is likely to be exacerbated without the provision of waiver services.

To be authorized for nutritional supplements, the individual who meets the above requirements for waiver approval must also have an identified nutritional risk based on the nutritional assessment guidelines in Appendix C;

To be authorized for personal care, the individual who meets the requirements for waiver approval must also:

- Have inadequate social support system to meet identified needs; and,
- Have documented evidence of dependency in some areas of activities of daily living;